

SERFF Tracking Number: ACEH-126603708 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number: 45530
 Company Tracking Number: GRP LMB - AR NOTICE REV
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: Group Limited A&S Certificate of Insurance - Notice
 Project Name/Number: Group Limited A&S Certificate of Insurance - Notice/Group Limited A&S Certificate of Insurance - Notice

Filing at a Glance

Company: ACE American Insurance Company

Product Name: Group Limited A&S Certificate of Insurance - Notice SERFF Tr Num: ACEH-126603708 State: Arkansas

TOI: H15G Group Health -

SERFF Status: Closed-Approved- State Tr Num: 45530

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15G.002 Large Group Only

Co Tr Num: GRP LMB - AR

State Status: Approved-Closed

NOTICE REV

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Karen Moore, Anne Hickey Disposition Date: 04/28/2010

Date Submitted: 04/28/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Limited A&S Certificate of Insurance - Notice

Status of Filing in Domicile: Not Filed

Project Number: Group Limited A&S Certificate of Insurance - Notice

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing is not required in state of domicile, Pennsylvania.

Explanation for Combination/Other:

Market Type: Group

Submission Type: Resubmission

Previous Filing Number: SERT-6EJJQJ103

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 04/28/2010

Explanation for Other Group Market Type:

State Status Changed: 04/28/2010

Deemer Date:

Created By: Karen Moore

Submitted By: Karen Moore

Corresponding Filing Tracking Number: Group Limited A&S Certificate of Insurance - Notice

Filing Description:

RE: ACE American Insurance Company

FEIN#: 95-2371728 / NAIC#: 626-22667

SERFF Tracking Number: ACEH-126603708 State: Arkansas
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Revised Notice to Arkansas Policyholders and Arkansas Certificate Holders – AH-AR Notice Revised 03/2010

Dear Commissioner:

Under SERFF Tracking Number SERT-6EJJQJ103, ACE American Insurance Company filed and received approval on our Group Limited Accident and Sickness Certificate of Insurance effective November 21, 2005. Included in that filing was form AH-AR Notice, Notice to Arkansas Policyholders and Arkansas Certificate Holders, which listed the state-mandated benefits for which coverage under the limited benefit policy is not provided.

Per Arkansas Bulletin 7A-2009 and AR Insurance Code 23-79-1401 and 1402, a state-mandated benefit now applies for hearing aids in the amount of \$1,400 per ear per 3-year period. The AR Notice has been updated to include this mandated benefit in the list of mandated benefits for which coverage is not included. Please see the amended Notice attached.

I trust this filing meets with your approval. If you have any questions, or require additional information, please contact me directly at karen.moore@acegroup.com.

Regards,

Karen N. Moore
Compliance Manager

Company and Contact

Filing Contact Information

Karen Moore, Compliance Manager karen.moore@acegroup.com
436 Walnut Street 215-640-5134 [Phone]
WA09D 215-640-5548 [FAX]
Philadelphia, PA 19106

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street	Group Name:	State ID Number:
Philadelphia, PA 19106	FEIN Number: 95-2371728	
(215) 640-5123 ext. [Phone]		

SERFF Tracking Number: *ACEH-126603708* *State:* *Arkansas*
Filing Company: *ACE American Insurance Company* *State Tracking Number:* *45530*
Company Tracking Number: *GRP LMB - AR NOTICE REV*
TOI: *H15G Group Health - Hospital/Surgical/Medical Sub-TOI:* *H15G.002 Large Group Only*
Expense
Product Name: *Group Limited A&S Certificate of Insurance - Notice*
Project Name/Number: *Group Limited A&S Certificate of Insurance - Notice/Group Limited A&S Certificate of Insurance - Notice*

Filing Fees

Fee Required? *Yes*
Fee Amount: *\$50.00*
Retaliatory? *No*
Fee Explanation: *One form X \$50 = \$50*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	04/28/2010	36020374

Correspondence Summary

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/28/2010	04/28/2010

SERFF Tracking Number:	ACEH-126603708	State:	Arkansas
Filing Company:	ACE American Insurance Company	State Tracking Number:	45530
Company Tracking Number:	GRP LMB - AR NOTICE REV		
TOI:	H15G Group Health - Hospital/Surgical/Medical Sub-TOI:		H15G.002 Large Group Only
	Expense		
Product Name:	Group Limited A&S Certificate of Insurance - Notice		
Project Name/Number:	Group Limited A&S Certificate of Insurance - Notice/Group Limited A&S Certificate of Insurance - Notice		

Disposition

Disposition Date: 04/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ACEH-126603708</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>45530</i>
<i>Company Tracking Number:</i>	<i>GRP LMB - AR NOTICE REV</i>		
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>	<i>H15G.002 Large Group Only</i>	
	<i>Expense</i>		
<i>Product Name:</i>	<i>Group Limited A&S Certificate of Insurance - Notice</i>		
<i>Project Name/Number:</i>	<i>Group Limited A&S Certificate of Insurance - Notice/Group Limited A&S Certificate of Insurance - Notice</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Notice to Arkansas Policyholders and Arkansas Certificate Holders	Approved-Closed	Yes

SERFF Tracking Number: ACEH-126603708 State: Arkansas

Filing Company: ACE American Insurance Company State Tracking Number: 45530

Company Tracking Number: GRP LMB - AR NOTICE REV

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense

Product Name: Group Limited A&S Certificate of Insurance - Notice

Project Name/Number: Group Limited A&S Certificate of Insurance - Notice/Group Limited A&S Certificate of Insurance - Notice

Form Schedule

Lead Form Number: AH-AR Notice

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/28/2010	AH-AR Notice Revised 03/2010	Other	Notice to Arkansas Policyholders and Arkansas Certificate Holders	Revised	Replaced Form #: AH-AR Notice Previous Filing #: SERT-6EJJQJ103	50.100	AR - Notice Rev - State Mandates Not Covered- T.pdf



ACE American Insurance Company

Group Limited Accident and Sickness Policy

**NOTICE TO ARKANSAS POLICYHOLDERS AND ARKANSAS CERTIFICATE
HOLDERS**

**THIS POLICY/CERTIFICATE PROVIDES LIMITED GROUP ACCIDENT AND
SICKNESS BENEFITS. THIS POLICY/CERTIFICATE IS NOT A MAJOR MEDICAL
OR COMPREHENSIVE HEALTHCARE POLICY/CERTIFICATE.**

PLEASE READ THIS NOTICE AND YOUR POLICY/CERTIFICATE CAREFULLY.

In accordance with the Arkansas Health Insurance Consumer Choice Act, We are required to provide you with this notice. Coverage for one or more of the Arkansas state-mandated benefits may not included in this Group Limited Accident and Sickness Policy/Certificate, depending on the plan of benefits selected by the Policyholder.

We urge the Policyholder and Certificate holder to consult with your health insurance agent or the Arkansas Insurance Department Consumer Affairs or Legal Division about questions or concerns related to the nature of the state-mandated health benefits which may not be offered in this Policy/Certificate.

The Arkansas Insurance Department Consumer Affairs may be contacted at:

Consumer Services Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
Phone: (501) 371-2640, (800) 852-5494
Fax: (501) 371-2749
Email: insurance.consumers@arkansas.gov

The following mandated benefits may not be included in your coverage, depending on the plan of benefits selected by the Policyholder:

Speech or Hearing Impairment Coverage (23-79-130):

Coverage for Speech or Hearing Impairment care and treatment is not included in this Policy/Certificate.

Benefits for Treatment of Alcohol and Drug Dependency (23-79-139):

Coverage for treatment of alcohol and drug dependency is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes the Substance Abuse Benefit. In addition, the Substance Abuse Benefit may include Maximum Benefit Amounts and a Maximum Benefit Period that are less than those required under the mandate.

Mammography Coverage (23-79-140):

Coverage for mammography screening is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes the Wellness Visits Benefit. In addition, the Wellness Visits Benefit may include Maximum Benefit Amounts and a Maximum Number of Visits Per Plan Year that may be less than those required under the mandate.

Children's Preventive Health Care Act (23-79-141 and Rule and Regulation 45):

Coverage for children's preventive health care services is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes both Dependent Coverage and the Wellness Visits Benefit. In addition, the Wellness Visits Benefit includes a Maximum Number of Visits Per Plan Year that is less than that required under the mandate.

Psychological Examiners (23-79-142):

Coverage for mental health treatment services is not included in this Policy/Certificate unless the plan of benefits selected by the Policyholder includes Mental Illness Disorder Expenses under Covered Accident and Sickness Expenses or unless the Mental Illness Disorder Benefit is included in the plan of benefits. If either is included, we will pay for services rendered by psychological examiners.

Musculoskeletal Disorders of the Face, Neck or Head (23-79-150):

Coverage for musculoskeletal disorders of the face, neck and head (including TMJ and craniomandibular disorder) is not covered under this Policy/Certificate.

Diabetes Self Management Training Coverage (23-79-602 and Rule and regulation 70):

Coverage for physician prescribed diabetes self management training is not included in this Policy/Certificate.

Diabetes Coverage (23-79-603):

Coverage for medically necessary equipment, supplies and services for the treatment of Type I, Type II and gestational diabetes is not covered under this Policy/Certificate.

Required Coverage for Medical Foods and Low Protein Modified Food Products (23-79-703):

Coverage for medical foods and low protein modified food products for the treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism is not included in this Policy/certificate.

Equity in Prescription Insurance and Contraceptive Coverage Act (23-79-1101):

Coverage for outpatient prescription drugs and prescription contraceptive drugs or devices is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes the Prescription Drug Benefit.

Coverage for Colorectal Cancer Screening (23-79-1201):

Coverage for colorectal cancer screening is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes the Wellness Visits Benefit. In addition, the Wellness Visits Benefit may include Maximum Benefit Amounts and a Maximum Number of Visits Per Plan Year that may be less than those required under the mandate.

Outpatient Services Coverage Required (23-85-133):

Coverage for outpatient services for chemotherapy, radiation treatment and renal dialysis is not included in this Policy/Certificate. Coverage for outpatient laboratory and pathological tests and X rays is included only if the plan of benefits selected by the Policyholder includes Outpatient Diagnostic X-Rays, Laboratory Procedures and Tests under Covered Accident and Sickness Expenses, or the Outpatient Laboratory Tests and X-Ray Expenses Benefit.

In Vitro Fertilization Coverage (23-85-137; 23-86-118; and Rule and Regulation 1):
Coverage for in vitro fertilization services is not included under this Policy/Certificate.

Hospice Coverage (23-86-120):

Coverage for Hospice Coverage is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes Hospice Care Expenses under Covered Accident and Sickness Expenses.

Anesthesia and Hospital or Ambulatory Surgical Facility Services for Dental Procedures (23-86-121):

Coverage for payment of anesthesia and hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in a hospital or ambulatory surgical facility required because of the patient's age or condition or other problem is not included under this Policy/Certificate.

Mastectomy Coverage (23-99-405):

Coverage for medical and surgical expenses with respect to mastectomy and breast reconstruction is not specifically excluded under this Policy/Certificate. In addition, covered expenses and the amount of such coverage depend on the plan of benefits selected by the Policyholder and may be less than those required by the mandate.

Mental Health Parity Act (23-99-506) and Coverage for Mental Disorders (23-86-113):

Coverage for diagnosis and treatment of mental illnesses and developmental disorders is not included in this Policy/Certificate, unless the plan of benefits selected by the Policyholder includes Mental Illness Disorder Expenses under Covered Accident and Sickness Expenses or the Mental Illness Disorder Benefit. In addition, covered expenses and the amount of such coverage depend on the plan of benefits selected by the Policyholder and may be less than those required by mandate.

Hearing Aids (23-79-1401):

Coverage for hearing aids or hearing instruments provided by a professional licensed by the state to dispense either is not included under this Policy/Certificate

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item:		
	Approved-Closed	04/28/2010
Comments:		
Attachment:		
AR - Group Limited Accident and Sickness - Readability Cert.pdf		

	Item Status:	Status
Bypassed - Item:		
	Approved-Closed	04/28/2010
Bypass Reason:		
Not applicable to this submission.		
Comments:		

ACE American Insurance Company

436 Walnut Street
Philadelphia, Pennsylvania 19106

READABILITY CERTIFICATION

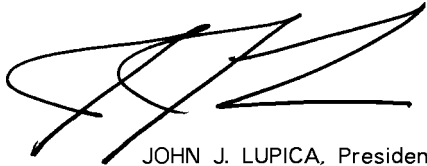
SCHEDULE OF FORMS

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

April 2010

RE: Group Limited Accident and Sickness Certificate Holder Notice

Form Number	Description	Score
AH-AR Notice Revised 03/2010	Notice to Arkansas Policyholders and Arkansas Certificate Holders	50.1



JOHN J. LUPICA, President

Person responsible for this filing:

Karen Moore, Compliance Manager
ACE USA Accident & Health Department
karen.moore@acegroup.com
215.640.5134